2019 Wayne Memorial Hospital Community Health Needs Assessment Summary

Pike and Wayne Counties and Adjacent Underserved Communities, PA

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This Summary of the 2019 Community Health Needs Assessment and the complete Report and User Guide are available for downloading at www.wmh.org or inspection at Wayne Memorial Hospital.

Forward

This summary of the 2019 Assessment is intended for the general public and depicts the key significant needs for the region, counties and communities in the Pike/Wayne service area. It is intended to promote dialogue around needs and collaborative solutions with partner agencies with the overall objective of improving community health.

New features for this 2019 assessment include:

- The addition of an eighth community of interest Forest City
- A thorough examination of the needs of the elderly and disabled through a Medicare use analysis
- The use of PA rural county benchmarks in addition to regional comparisons in selecting significant needs
- Consideration of social factors effecting health status and Wayne Memorial Hospital's participation in the PA Rural Health Model initiative

Key significant needs are identified for the region, each county and and community in the service area. Several address behavioral health and unmet need for specialty services. These needs had overwhelming support from key health care and community leadership as well as the public at large.

Although the general findings for the region were unremarkable, specific needs emerged for chronic disease, especially cancer and heart disease, and the need to reinforce the importance of the preventive health care services on the quality of life and cost impacts of chronic conditions. Social influences were viewed as key concerns in four of the eight communities and chronic disease concerns were present for all eight. The 2016 assessment and implementation strategy resulted in improvements in many areas including the treatment of chronic disease, mental illness, tick borne illnesses and access to primary care.

The Pike and Wayne Counties and Adjacent Underserved Communities Community Health Needs Assessment Report and User's Guide contains extensive data on the assessment and is available upon request.

I. Purpose of the Assessment

- This community health needs assessment addresses a variety of objectives. Perhaps first and foremost it is a representation of Wayne Memorial Hospital's stewardship of the community's need for a viable local health care system.
- More specifically, the CHNA is updated every three years and is a mechanism which also
 - Assesses needs
 - Identifies significant needs
 - Develops strategies
 - Implements most needed programs
 - Improves services and community health
 - Advances local high quality health care system
 - Meets regulatory requirements of governmental agencies

II. Assessment Advisory Committee

The assessment was guided by a 26 member advisory committee, representative of providers, consumers and key leadership in the area. The committee met four times between February and June 2019.

- Jessica Aquilina, Superintendent, Forest City School
 District
- Tammy Deleo, Public Health Nurse, Wayne and Pike County Health Department
- Jack Dennis, Executive Director, Wayne Memorial Health Foundation
- Maria Diehl, Public Relations, Wayne Memorial Hospital
- Margaret Ennis, Administrator, Wayne County Behavioral Health
- Greg Frigoletto, Superintendent, Wayne Highlands School District
- Matt Osterberg, Commissioner, Pike County
- Keith Gunuskey, Asst. Superintendent, Wallenpaupack Area School District
- Tubin Guptka, MD, Behavioral Health, Wayne Memorial CHCs
- David Hoff, Chief Executive Officer, Wayne Memorial Hospital
- Fred Jackson, Executive Director, Wayne Memorial CHCs

- Wendell Kay, Commissioner, Wayne County
- Carol Kneier, Community Health Manager, Wayne
 Memorial Hospital
- Maria Miller, Western Wayne School District
- Dirk Mumford, Board Chair, Wayne Memorial Hospital Board
- Wynter Newman, Manager, WMCHCs
- Lee Oakes, Former Board Chair, Wayne Memorial Hospital
- James Pettinato, Director, Patient Care, Wayne Memorial Hospital
- Patrick Pugliese, MD, Director of ER, Wayne Memorial Hospital
- Hugh Rechner, Board Member, Wayne Memorial Hospital
- Tracy Schwarz, Director, Wayne County Libraries
- Ron Schmalzle, Commissioner, Pike County
- Michelle Valinski, Administrator, Human Services, Wayne County
- Janice Walters, Ex-officio, PA Rural Health Model, PA Department of Health
- Andrea Whyte, Retired, Wayne County Human Services
- Maria Miller, Western Wayne School District

III. Findings – Significant Needs

 The assessment obtained and reviewed data on 100 statistical measures on health and behavioral health, survey data provided by 947 community members and interviews with 43 community leaders. Significant needs were identified at the regional, county and community levels. Regional needs reflecting input from community and health care leadership and the community at large overwhelmingly identified behavioral health and access to specialists as major concerns.

Exhibit 1. Regional Significant Needs – Commentary

Behavioral health, mental health and substance abuse

 Interviewees cited increased needs in these areas for children and youth (special programming), seriously persistently mentally ill (housing, ER resources), and opioid abuse

· Lack of psychiatrists, especially child psychiatrists, was noted

• The availability of counseling types of services within primary care service was noted especially for people with chronic conditions

 Survey questions documented high need in general as well as specific service needs of children and youth

• Data in the Pennsylvania Youth Study (PAYS) documents alcohol, tobacco and other drugs (ATOD) trends and needs in the area for Pike and Wayne County youth

Specialists

· Numerous comments were made about the need for more specialists

 Individual survey questions on specialists supported this opinion and provide two types of data on need by type of specialist – critical unmet need and out of area use of specialists

Exhibit 2. Regional or County Significant Needs - Statistical

- Statistical data on social determinants, reproductive health, death rates and Medicare use aggregate scores were normative or unremarkable for the region.
- Yet, scores for several specific indicators, among those in the worst 25% of rural counties in PA or counties in the region, were selected by the committee as significant needs.

ŀ	Pike/ wayne kegion
	Cause of Death: Alzheimer's Disease
	Cause of Death: Cancer (Malignant Neoplasms): Total Malignant Neoplasms
	Cause of Death: Intentional Self-harm (Suicide)
	Social Determinants: Age 65+
	Medicare ED Use: Alzheimer's
	Medicare Preventive Services: Annual Wellness Visit
	Medicare Preventive Services: Screening Mammography
F	Pike County
	Cause of Death: Cancer (Malignant Neoplasms): Total Malignant Neoplasms
	Cause of Death: Intentional Self-harm (Suicide)
	Reproductive Health: First Trimester Prenatal Care
	Medicare cost: Depression
	Medicare cost: Stroke/Transient Ischemic Attack
	Medicare ED Use: Depression
١	Nayne County
	Cause of Death: Alzheimer's Disease
	Cause of Death: Cancer (Malignant Neoplasms): All Other Sites
	Cause of Death: Diseases of Heart: Total Diseases of Heart
	Social Determinants: Age 65+
	Medicare Avoidable Inpatient Use: Diabetes Long-term Complications
	Medicare Preventive Services: Annual Wellness Visit
	Medicare Preventive Services: Initial Preventive Physical Examination (IPPE)

- Significant needs were selected at the community level based, in part, on the community's poor standing relative to other communities in the region and the advisory committee's perception of the importance of the indicator.
- Communities with high rates of avoidable inpatient care will be added as significant needs.

Exhibit 3. Significant Needs by Community – Statistical

Carbondale Area
Cause of Death: Diseases of Heart: Other Heart Disease
Social Determinants: Families Below Poverty
Forest City Area
Cause of Death: Diseases of Heart: Total Diseases of Heart
Social Determinants: 25 +, Less than High School Diploma
Pike East
Cause of Death: Cancer (Malignant Neoplasms): Total Malignant Neoplasms
Cause of Death: Diseases of Heart: Acute Myocardial Infarction
Pike South
Cause of Death: Cancer (Malignant Neoplasms): Total Malignant Neoplasms
Social Determinants: Families Below Poverty, Single Head of Household with children
Pike West
Cause of Death: Diseases of Heart: Acute Myocardial Infarction
Cause of Death: Intentional Self-harm (Suicide)
Nayne Central
Cause of Death: Alzheimer's Disease
Social Determinants: 25 +, Less than High School Diploma
Nayne North
Cause of Death: Diseases of Heart: Total Diseases of Heart
Cause of Death: Intentional Self-harm (Suicide)
Nayne South
Cause of Death: Cancer (Malignant Neoplasms): Total Malignant Neoplasms
Cause of Death: Diabetes Mellitus

IV. 2016 Assessment Impact

- Seven major objectives were identified in the 2016 Implementation Strategy developed in response to the 2016 assessment.
- Numerous actions were carried out that address chronic disease, barriers to care, expanded direct services capacity for mental health, substance abuse, primary care capacity, specialists and tick borne borne illnesses
- Descriptions of those actions are presented in exhibit 4.

Exhibit 4. 2016 Assessment Impact

1. Chronic	Disease
Various in	terventional protocols are under evaluation.
Wright Ce	WMCHC have partnered with Geisinger School of Medicine and nter GME to submit a grant proposal to HRSA to establish a Rural Program at WMH.
Quality im	provement federal grant application prepared.
or more. N	oing support groups number 11, most have been provided for 5 ye Jew as a result of the 2016 CHNA are Tick-Borne Disease support Iuding a brand new clinic in 2019) and Grandparents Raising dren.
programm	mmunity health department is assessing the need for new ning beyond established ongoing efforts, including need for drug/ use, smoking cessation, diabetes control, weight control exercise.
-	raphics Programs for assisting grandparents raising grandchild on low incomes
Support gi	roup meets every 2 weeks with invited speakers and presentations.
WMCHC u	pdates sliding fee scale annually per BPHC guidelines.
	WMCHC regularly refer patients in need of financial assistance and overage to the county assistance offices.
WMH has	implemented a pre-payment program for patients.

3. Services — Mental health services as evidenced by waiting lists for access to psychiatric care and ER use	5. Services – Primary care service development especially in light of expected retirements of current primary care capacity
A warm handoff protocol in the ER was implemented following the 2016 CHNA.	A recruitment/retention plan for providers is in place and now includes the possibility of establishing a family practice residency program via a federal planning grant this year.
WMCHC has revised recruiting plan utilizing professional recruiters, resulting in the addition of a new psychiatrist and 3 new mid-level behavioral health providers since 2016.	The WMH/WMCHC relationship very strong and ongoing. A change in that relationship is never discussed.
WMH and WMCHC offer very competitive salaries to attract/ retrain caregivers and utilize recruitment bonuses for many high need provider positions	WMCHC opened a new Family Health Center in Forest City this spring to replace a smaller outdated center closing in Vandling, Susquehanna County. WMCHC is in the process of expanding services at the Hamlin FHC and has applied for federal funding to increase dental services in Pike Dental Clinic.
WMH is evaluating the possibility of implementing a Geriatric Psychiatry program in the hospital in 2020.	WMH and WMCHC has partnered with Geisinger School of Medicine and Wright Center GME applied for a grant proposal to HRSA to establish a Rural Residency Program at WMH.
WMH is evaluating the use of telepsychiatry in the ER and inpatient areas of the hospital.	6. Services – Specialty care for psychiatrists, dermatologists, endocrinologists, neurologists, oncologists, pain management specialists, gerontologists, and cardiologists
4. Services – Substance abuse services as evidenced by high interest levels in opiate related accidental overdoses and deaths	Discussions are ongoing concerning collaborating with tertiary care hospitals in various programs: residency, psychiatry, cardiology.
Recruitment of psychiatrist with opioid specialization is underway.	WMH and WMCHC are evaluating the potential for recruiting a number of specialists including, dermatology, gerontology, urology and surgeons.
Warm Handoff in the ER was implemented following 2016 CHNA.	7. Services – Preventive services and treatment for tick borne illnesses
WMCHC provides regular Medication Assisted Treatment (MAT).	With the advent of the new WMCHC tick-borne disease clinic in Pike County, new lab testing has been added.

V. Assessment Process – Technical Details

The assessment process has three sequential phases which inform the development of the implementation strategy – the underlying "product" of the assessment – which is intended to improve community health and overall viability of the local health system.

Key characteristics of these phases are illustrated on the subsequent page.



Key Characteristics

Guiding Concepts

- Diverse Service Area
 - Geography
 - Community Makeup
- Comparative statistics
 - Rural PA
 - PA Region
 Communities
- Local Insights
 - Health and Behavioral Health Leadership
 - Community Leaders
 - Community-at-large
- Federal and State
 insights and Trends

Principal Inputs

- Advisory Committee
- Statistics (100)
 - Social Indicators
 - Reproductive
 Health
 - Major Diseases
 - Health Service Use
- Community insights
 - Interviews (43)
 - Internet Survey (947)

Priority Needs, Strategic Responses and Impact

- Region
- County
- Community

Descriptive information regarding the Guiding Concepts and Principal Inputs is presented on subsequent pages.

Communities – Diverse Service Area

 Eight Communities 132,033 people (2024 Forecast)

> Carbondale Area (CA) – 20,465 Forest City)FC) – 7,906 Pike East (PE) – 27,935 Pike South (PS) – 11,061 Pike West (PW) – 19,390 Wayne Central (WC) – 22,915 Wayne North (WN) – 4,461 Wayne South (WS) – 17,720

- Based upon adjacency, population size, natural fit, and hospital preference.
- Service area is ~100 miles in length from northwest to southeast corner.
- Pennsylvania Health Care Cost
 Containment Council Region 6 Counties –
 Bradford, Lackawanna, Luzerne, Monroe,
 Pike, Sullivan, Susquehanna, Wayne,
 Wyoming.
- Population density for the Carbondale area is significantly higher than other communities.



Benchmarks, Local Insights, Government Trends

- Comparative statistics for two different benchmarks were employed to determine the level of need in all service areas.
 - The region's scores or values were compared to the 31 rural PA counties and the 9 counties in Region 6 of the Pennsylvania Health Care Cost Containment Council (PHC4).
 - Indicator scores in the poorest 25% of either group were considered to be potential priority areas.
 - Those with poor scores for both were considered to be the highest potential priority.
- Local Insights were sought to ascertain the community's views of the most important needs as an indication of readiness to pursue implementation strategies
 - These were sought through the internet survey (947 respondents) and interview processes (43 individuals).
- Federal and State insights and trends were sought to reflect major external influences on the federal or state policies which shape local health care systems
 - Consultation with the Pennsylvania Rural Health Model was sought and reflected by the inclusion of additional social determinant factors.

Statistical Inputs

- Several different data sources were used
 - Social Determinants (6) 2024 Projections
 - Reproductive Health (9) 2014 through 2016
 - Major Illnesses Death Rates (17) 2014 through 2106
 - Major Illnesses Prevalence Medicare (14) 2016
 - Medicare Health Services Use Hospital Emergency Department Use (4 + 12) - 2016
 - Medicare Health Services Use Hospital Preventable Inpatient Use Prevention Quality Indicator (PQI) (12) – 2016
 - Medicare Health Services Use Outpatient Preventive Services Use (10) – 2016
 - Medicare Health Services Use Annual Cost of Premiums (4 +12) – 2016
 - Health Service Use Preventable Inpatient Care – 2017 to 2018 (pending)

Component and Indicators

Social Determinants (6)

- People over 25 years of age, Less than High School Diploma
- People over age 65
- Families Below Poverty
- Families Below Poverty, Single Head of Household with Children
- Female: Age 15-44
- Population Not White

Reproductive Health (9)

- No First Trimester Prenatal Care
- Low birth weight: 1,500 to 2,500 Grams
- No HS Diploma
- Pre-pregnancy Obese
- Pre-pregnancy Overweight
- Pre-pregnancy Underweight
- Pregnancy Smoker
- Unmarried: 19 and Under
- Unmarried: All ages

Major Illnesses - Death Rates (17)

- Accidents: All
- Accidents: Non-Transport
- Alzheimer's Disease
- Cancer (Malignant Neoplasms): All Other Sites
- Cancer (Malignant Neoplasms): Colon and Rectum
- Cancer (Malignant Neoplasms): Lung and Bronchus
- Cancer (Malignant Neoplasms): Total Malignant Neoplasms
- Cerebrovascular Disease
- Chronic Lower Respiratory Disease
- Diabetes Mellitus
- Diseases of Heart: Acute Myocardial Infarction
- Diseases of Heart: Ischemic Excl. Acute Myocardial Infarction
- Diseases of Heart: Other Heart Disease
- Diseases of Heart: Total Diseases of Heart
- Influenza & Pneumonia
- Intentional Self-harm (Suicide)
- Nephritis, Nephrotic Syn. & Nephrosis

Major Illnesses – Prevalence – Medicare (14)

- 0 of the claims-based conditions
- 1 of the claims-based conditions
- 2 of the claims-based conditions
- 3+ of the claims-based conditions
- Acute myocardial infarction
- Alzheimer's Disease, Related Disorders, or Senile Dementia
- Atrial fibrillation
- Cancer, Colorectal, Breast, Prostate, Lung
- Chronic kidney disease
- Chronic obstructive pulmonary disease
- Depression
- Heart failure
- Schizophrenia and other psychotic disorders
- Stroke/Transient Ischemic Attack

Medicare Claims Analysis for Region and County Only "Original" Medicare Enrollees All Provider Claims

Pike/Wayne Counties 21,057 in 2016 (84% of all enrollees) Pike – 10,142 Wayne – 10,915

Dual Eligible (Medicaid and Medicare – "High Need") Pike 11.95% of all enrollees Wayne 16.43% of all enrollees

Regional findings indicate an overarching theme of the relationship between Chronic Conditions and Costs. See Exhibit 5.

Health Services Use – Medicare (54)

Emergency Department Use (4 + 12)

- 0 of the claims-based conditions
- 1 of the claims-based conditions
- 2 of the claims-based conditions
- 3+ of the claims-based conditions
- 12 chronic conditions

Preventable Inpatient Use Prevention Quality Indicator (PQI) (12)

- Prevention Quality Acute Composite (PQI #91)*
- Prevention Quality Chronic Composite (PQI #92)
- Prevention Quality Overall Composite (PQI #90)
- Bacterial Pneumonia (PQI #11)
- COPD or Asthma in Older Adults (PQI #5)
- Dehydration (PQI #10)
- Diabetes Long-term Complications (PQI #3)
- Diabetes Short-term Complications (PQI #1)
- Heart Failure (PQI #8)
- Hypertension (PQI #7)
- Uncontrolled Diabetes (PQI #14)
- Urinary Tract Infection (PQI #12)

Outpatient – Preventive Services Use (10)

- Annual Wellness Visit
- Bone Mass Measurement
- Cardiovascular Disease Screening
- Influenza Virus Vaccine
- Initial Preventive Physical Examination (IPPE)
- Pneumococcal Vaccine
- Prostate Cancer Screening
- Screening Mammography
- Screening Pap Test
- Screening Pelvic Examination)

Risk Adjusted Cost (Premium) (4 + 12)

- 0 of the claims-based conditions
- 1 of the claims-based conditions
- 2 of the claims-based conditions
- 3+ of the claims-based conditions
- 12 chronic conditions
- * PQI Composite Analysis All Patients Pending

Exhibit 5: Medicare - Chronic Medical Conditions, Poverty and Cost

- **Original Medicare** ٠
- 21,057 Pike and ٠ Wayne County **Residents Total**
- 2,987 Dual Eligible ٠
- High precents of ٠ beneficiaries with chronic conditions correspond with high annual "premiums"
- Dual eligible ٠ beneficiaries with needs for enabling services have higher proportions of people with high percents of chronic conditions and "premiums".
- Prevention and Social ٠ Determinant Programs are a **Potential Priority**



- 0 of the claims-based
- 1 of the claims-based
- 2 of the claims-based
- 3+ of the claims-based

- 0 of the claims-based
- 1 of the claims-based
- 2 of the claims-based
- 3+ of the claims-based

Exhibit 5: Medicare - Chronic Medical Conditions, Poverty and Cost - Continued

Pike/Wayne County Region	Dual Coverage	Medicare Only	Dual versus Medicare
Prevalence rate (percent)			
0 of the claims-based conditions	13.5	16.0	-19%
1 of the claims-based conditions	11.0	12.5	-14%
2 of the claims-based conditions	12.0	16.0	-33%
3+ of the claims-based conditions	64.0	56.0	13%
Annual Average total cost (risk-adjusted)			
0 of the claims-based conditions	\$5,899	\$4,391	26%
1 of the claims-based conditions	\$7,519	\$5,819	23%
2 of the claims-based conditions	\$9,246	\$6,630	28%
3+ of the claims-based conditions	\$18,267	\$13,350	27%
Emergency department visit rate			
0 of the claims-based conditions	188.5	103.0	45%
1 of the claims-based conditions	212.0	218.5	-3%
2 of the claims-based conditions	502.0	286.5	43%
3+ of the claims-based conditions	1439.0	804.5	44%

Local Insights

Survey

Total Responses: 947 Complete Responses: 895 (94.5%) Comments: 301 Key Findings:

- Employment Status
- Community of Residence
- Primary Doctor/Time since Last Appointment/Appointment Scheduling
- Additional Capacity/Health or Behavioral/Supportive Services
- Specialists
- Children and Youth/Additional Capacity
- Social Determinants/Barriers/ Transportation/Safety
- COMMENTARY SYNOPSIS

Interviews

Organizational Types: 7

Type and Number of Interviewees

- **Behavioral Health** • 4 **Business** 1 7 Community ٠ Consumers 7 • 5 **Elected Officials** Health 13 •
- Schools 6 Total 43

Unmet Need Topics: 10

- Behavioral Health 13
- Chronic Disease 6
- Health Services 18
- Insurance 4
- Mental Health 26
- Pediatrician 5
- Quality 0
- Social Determinants 37
- Specialists 4
- Substance Abuse 16
 Total 129

Survey – Findings

- Respondents
 - Equal mix of health and nonhealth sector individuals
 - Similar proportions of age groups to region except youth
 - Highest responses from Wayne communities
- Primary Care
 - 96% have a primary care practitioner
 - 85% have seen their primary care practitioner within the last year
 - 46% were able to get a scheduled appointment within one week
 - High need groups were people with no or inadequate insurance, senior citizens and youth raised by their grandparents
 - Need for more counseling and case management services within the primary care setting were noted

- The highest rated critical needs were for mental health or substance abuse services (inpatient, crisis and outpatient)
- Tick borne illness services as well as services for cancer, urology and neurology were viewed as high ranking critical needs
- Specialty needs met most frequently outside the area included
 - Skin problems Dermatologists
 - Bone or Skeletal Injuries -Orthopedic Surgeons
 - Heart Disease Cardiologists
 - Urologists
 - Cancer Oncologists
 - Nerve diseases Neurologists
 - Eye diseases Ophthalmologists

Regional Priorities Survey and Interview Commentary

- Stark differences in Needs Comments
 - 43 interviewees: 181 total comments, 129 comments on needs
 - General discussions lasting from 10 minutes to 60 minutes which explored the basis of perception of need and potential approaches as well as related descriptive information
 - Interviews heavily favored behavioral health (including mental health and substance abuse) and social factors as key problems
 - 947 surveys: 304 comments on needs
 - A combination of specific statements and generalities
 - Survey comments, although referencing behavioral health needs, emphasized the need for specialists and focused on consumerism; social factors were less prevalent
 - Survey questions on service and specialty needs and quality provide additional perspectives on those respective issues

Major Category of Comment by Type of Input



The percent given is the percent of comments for each major category within each instrument. Minimal overriding consensus on separate comments.

- Behavioral health, mental health and substance abuse
 - Interviewees cited increased needs in these areas for children and youth (special programming), seriously persistently mentally ill (housing, ER resources), and opioid abuse
 - Lack of psychiatrists, especially child psychiatrists, was noted
 - The availability of counseling types of services within primary care settings was noted especially for people with chronic conditions
 - Survey questions documented high need in general as well as specific service needs of children and youth
 - Data in the Pennsylvania Youth Study (PAYS) documents alcohol, tobacco and other drugs (ATOD) trends and needs in the area for Pike and Wayne County Youth
- Specialists and Consumerism
 - Numerous comments were made about the need for more specialists
 - Individual survey questions supported this opinion
 - General comments about "consumerism" were varied
 - No overriding consensus on individual areas in need of improvement
 - Areas covered included health care policy, philosophy of care, and personal experiences

Priority Selection Process

• Committee members consider the findings on preliminary priorities which resulted from the collection and analyses of statistical and community insight data.

Statistical Analyses

- Preliminary priorities for social indicators, reproductive health, and causes of death have been identified for the Pike and Wayne Counties Region, Pike County, Wayne County and each of the eight communities in the Pike/Wayne Region. Additional priorities have been identified on Medicare cost, chronic condition prevalence, hospital emergency department and inpatient utilization and preventive health care services utilization for the region and each county.
- A preliminary priority is operationally defined as an indicator which is among the poorest 25% of comparative communities.
- For the region and county analyses, two comparative analyses or benchmarks were employed
 - A statewide analysis of 31 rural (non-metro) counties in Pennsylvania as defined by the Federal Office of Rural Health Policy which identifies potential priorities from a statewide "rural" perspective
 - A regional analysis of the nine counties within Region 6 of the Pennsylvania Health Care Cost Containment Council which identifies potential priorities from a regional Northeast PA perspective
 - Statistical indicators which have poor findings in either or both comparisons are noted and potential final priorities may emphasize indicators with poor standings in both the statewide rural and NEPA benchmarks
- For the community level analyses, the benchmarks or basis for identifying a potential priority is poor standing among the eight communities in the Pike/Wayne region.

- See subsequent exhibits 6 through 8 at the end of this summary for the potential priority listings.
- Community Insights
 - This data is most useful in selecting regional priorities and informing the implementation strategy
 - In the survey component, specific findings on critically needed services, target population, specialist needs and topics of concern also assist in implementation strategy development
 - In the interview component, findings on unmet needs are presented
- Potential priorities which are supported by both the statistical and community insight data may be most important
- Method
 - The results of the statistical and community insight data was reviewed by the committee in a face-toface session.
 - The Significant Priority Selection Form with potential regional, county and community priority needs was posted on the internet.
 - Committee members were asked to select two regional significant needs from the community insight listing, and six regional significant needs addressing social indicators, reproductive health, causes of death, and various Medicare indicators. They were also asked to select six significant needs for each county and two for each community.
 - Committee members may select priorities based on their view of the number of people affected by a
 particular indicator or problem, importance to the future of the local health care system or relative
 importance of a particular service or service system component to the health of the community.
 There is no set criteria. Individual judgments are sought.
 - 75% of committee members voted in the significant need selection process.

Exhibit 6. Regional and County Potential Priorities – Causes of Death, Reproductive Health and Social Determinants

	FORHP R	PHC4 Region 6				
	Pike /			Pike /		
	Wayne			Wayne		
Component/Indicator	Region	Pike	Wayne	Region	Pike	Wayne
Cause of Death (15)	60	60	57	66	58	58
Accidents: All	58	76	40	42	62	37
Accidents: Non- Transport	75	80	66	71	75	50
Alzheimer's Disease	86	43	86	100	37	100
Cancer (Malignant Neoplasms): All Other Sites	79	60	100	100	37	100
Cancer (Malignant Neoplasms): Colon and Rectum	51	83	13	85	100	12
Cancer (Malignant Neoplasms): Lung and Bronchus	82	96	40	57	100	37
Cancer (Malignant Neoplasms): Total Malignant Neoplasms	82	96	53	85	100	37
Diabetes Mellitus	48	73	36	14	62	0
Diseases of Heart: Acute Myocardial Infarction	62	76	53	100	100	87
Diseases of Heart: Ischemic Excl. Acute Myocardial Infarction	75	73	76	85	75	87
Diseases of Heart: Total Diseases of Heart	72	66	76	85	62	87
Influenza & Pneumonia	13	6	36	28	12	87
Intentional Self-harm (Suicide)	96	100	93	85	100	62
Nephritis, Nephrotic Syn. & Nephrosis	51	30	70	85	37	100
Reproductive Health (9)	37	50	24	32	46	18
First Trimester Prenatal Care	56	84	24	43	75	13
Pre-pregnancy - Overweight	44	80	10	57	75	12
Pre-pregnancy - Underweight	41	73	13	57	75	12
Unmarried: All ages	51	80	40	14	50	0
Social Determinants (6)	39	40	38	38	39	48
Age 65+	89	90	86	85	87	75
Population Not White	93	93	83	57	62	50

Values indicate ranking from 0 to 100 with 100 being the worst rank. Red coloration indicates potential priority, a score of 70 or 75 or higher. Analysis by HMS Associates.

Exhibit 7. Regional and County Potential Priorities– Medicare Cost, ED Use, Medical Condition, Avoidable Inpatient Use and Preventive Services

	FORHP F	Rurality no	n-Metro	PHC4 Region 6			
	Pike /			Pike /			
	Wayne			Wayne			
Component/Indicator	Region	Pike	Wayne	Region	Pike	Wayne	
Average annual total cost risk-adjusted (16)							
Acute myocardial infarction	50	88.8	7.4	66.6	71.4	28.5	
Cancer - Lung	53.8	66.6	29.6	66.6	100	28.5	
Depression	62	86.6	13.3	71.4	100	25	
Stroke/Transient Ischemic Attack	41.3	80	20	71.4	100	12.5	
Emergency department visit rate per 1,000							
beneficaries (16)							
Alzheimer's Disease, Related Disorders, or Senile	68.9	70	36.6	85.7	87.5	25	
Depression	65.5	83.3	20	42.8	87.5	12.5	
Stroke/Transient Ischemic Attack	34.4	10	50	57.1	12.5	87.5	
Prevalence - Percent of Beneficaries (16)							
2 of the claims-based conditions	86.2	63.3	86.6	71.4	25	75	
Atrial fibrillation	79.3	76.6	76.6	57.1	50	50	
Prevention quality indicator (PQI) - Inpatient use							
per 100,000 (12)							
Diabetes Long-term Complications (PQI #3)	68.9	36.6	90	28.5	12.5	62.5	
Heart Failure (PQI #8)	51.7	76.6	26.6	28.5	75	12.5	
Preventive Services Percent of beneficaries -							
Lower rates problematic (10)							
Annual Wellness Visit	24.1	46.6	10	14.2	87.5	12.5	
Bone Mass Measurement	24.1	53.3	3.3	57.1	87.5	0	
Influenza Virus Vaccine	58.6	66.6	43.3	28.5	37.5	12.5	
Initial Preventive Physical Examination (IPPE)	31	53.3	16.6	42.8	75	12.5	
Pneumococcal Vaccine	48.2	30	30	14.2	12.5	12.5	
Prostate Cancer Screening	31	20	80	28.5	25	75	
Screening Mammography	82.7	10	33.3	14.2	0	50	

Values indicate ranking from 0 to 100 with 100 being the poorest rank. Red coloration indicates potential priority, a score of 70 or 75 or higher. Analysis by HMS Associates.

Exhibit 8. Community Potential Priorities – Causes of Death, Reproductive Health and Social Determinants

Note for Wayne South: indicators with scores above 70 were included in the potential listing.

Values indicate ranking from 0 to 100 with 100 being the poorest rank. Red coloration indicates potential priority, a score of 70 or 75 or higher. Analysis by HMS Associates.

	Community							
	Forest							
	Carbond	City	Pike	Pike	Pike	Wayne	Wayne	Wayne
	ale Area	Area	East	South	West	Central	North	South
Component/Indicator	(CA)	(FC)	(PE)	(PS)	(PW)	(WC)	(WN)	(WS)
Cause of Death	43	29	0	14	86	57	100	71
Accidents: All	14	100	71	42	85	57	0	28
Accidents: Non- Transport	0	100	57	85	71	42	14	28
Alzheimer's Disease	66	33	16	0	0	83	100	50
Cancer (Malignant Neoplasms): All Other Sites	0	71	57	14	42	28	85	100
Cancer (Malignant Neoplasms): Colon and Rectum	16	33	66	100	83	50	0	0
Cancer (Malignant Neoplasms): Lung and Bronchus	28	57	100	85	71	42	0	14
Cancer (Malignant Neoplasms): Total Malignant								
Neoplasms	0	28	100	85	57	14	42	71
Cerebrovascular Disease	16	0	50	0	100	66	83	33
Chronic Lower Respiratory Disease	42	28	14	100	0	57	85	71
Diabetes Mellitus	85	28	57	100	42	14	0	71
Diseases of Heart: Acute Myocardial Infarction	42	14	85	0	100	57	28	71
Diseases of Heart: Ischemic Excl. Acute Myocardial								
Infarction	42	100	85	0	14	71	57	28
Diseases of Heart: Other Heart Disease	85	71	14	0	42	28	100	57
Diseases of Heart: Total Diseases of Heart	42	85	57	0	71	28	100	14
Influenza & Pneumonia	50	83	0	0	16	66	100	33
Intentional Self-harm (Suicide)	42	28	14	71	100	0	85	57
Nephritis, Nephrotic Syn. & Nephrosis	83	16	0	0	33	66	100	50
Reproductive Health	71	86	29	100	57	0	43	14
First Trimester Prenatal Care	29	58	72	100	43	0	86	15
Low birth weight: 1,500 to 2,500 Grams	85	28	14	100	42	57	71	0
No HS Diploma	100	42	0	57	71	28	85	14
Pre-pregnancy - Obese	14	71	42	100	0	57	85	28
Pre-pregnancy - Overweight	57	28	100	14	85	0	42	71
Pre-pregnancy - Underweight	16	100	50	66	83	0	0	33
Pregnancy Smoker	100	85	0	14	71	28	57	42
Unmarried: 19 and Under	50	100	16	83	66	0	0	33
Unmarried: All ages	85	57	42	100	71	0	14	28
Social Determinants	86	57	0	100	43	71	29	14
25 +, Less than High School Diploma	71	85	14	57	0	100	28	42
Age 65+	14	57	28	0	100	42	85	71
Families Below Poverty	85	71	0	100	28	57	42	14
Families Below Poverty, Single Head of Household with								
Children	85	57	0	100	14	71	42	28
Female: Age 15-44	85	42	57	100	0	71	14	28
Population Not White	57	28	85	100	71	42	0	14

VI. 2019 CHNA Report and User Guide – Contents

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